

State of California
Department of Technology Services
PROCESSING CREDIT REQUEST

		DEPARTMENT OF TECHNOLOGY SERVICES USE ONLY
DEPARTMENT		DATE
NAME		PHONE NUMBER
DTS CUSTOMER RELATIONS REPRESENTATIVE		CALNET
JOB NAME	JOB NUMBER	PROCESS DATE
AMOUNT OF CREDIT, IF KNOWN	DTS ACCT. CODE	IAA NUMBER
DESCRIPTION OF ERROR		
USE REVERSE SIDE OF FORM IF NECESSARY. INCLUDE ALL REQUIRED DOCUMENTATION.		

DEPARTMENT OF TECHNOLOGY SERVICES USE ONLY		
COMMENTS		
JOB COST	SIGNATURE	DATE
DISPOSITION		
<div>_____ APPROVED AS REQUESTED</div> <div>_____ PARTIAL CREDIT APPROVED</div> <div>_____ NEGOTIATED CREDIT APPROVED</div> <div>_____ CREDIT APPROVED</div>		
REVIEWER'S COMMENTS		Fiscal Use Only
		Account Number

		Amount to be Credited
		\$ _____
SIGNATURE	DATE	